



## RETIRED MEMBER DATA CHANGE

State Form 44504 (R3 / 2-06)

Approved by the State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Website: [www.in.gov/trf](http://www.in.gov/trf)

### PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your Social Security number, date of birth, current address and signature. We will mail you the information.

**PLEASE USE BLACK INK ONLY**

### MEMBER IDENTIFICATION

Full name of member		TRF number (required)	Date of birth	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single
Home telephone number ( ) -	Work telephone number ( ) -	Email address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

### CHANGE OF ADDRESS

Old address (number and street)			New address (number and street)		
City	State	Zip code	City	State	Zip code

### MEMBER ATTESTS THAT ALL CHANGES ARE TRUE TO THE BEST OF HIS / HER KNOWLEDGE

Member signature	Date
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### NAME CHANGE AFFIDAVIT

Previous name (please print or type)	New name (please print or type)
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I, the undersigned, hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account at the Indiana State Teachers' Retirement Fund be maintained under the new name as listed above:

Member signature	Date	In lieu of this affidavit, one of the following documents may be submitted: <ul style="list-style-type: none"><li>▪ A copy of your marriage certificate</li><li>▪ A copy of your divorce decree restoring your former name; or</li><li>▪ A copy of the court order whereby you have legally changed your name.</li></ul>
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### NOTARY PUBLIC CERTIFICATION (For name change only)

State of \_\_\_\_\_ SS: \_\_\_\_\_

County of \_\_\_\_\_

Before me the undersigned, A Notary Public for \_\_\_\_\_ County,  
Officer's county of residence

State of \_\_\_\_\_, personally appeared \_\_\_\_\_  
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(Signature) \_\_\_\_\_

\_\_\_\_\_ Printed or typed name of officer

My commission expires: \_\_\_\_\_ (SEAL)